2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30444

FILED Mar 26, 2009 Secretary of State

Entity Name: HOME CARE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1331 E LAFAYETTE ST STE C

TALLAHASSEE, FL 323012621 US

Current Mailing Address: New Mailing Address:

1331 E LAFAYETTE ST STE C

TALLAHASSEE, FL 323012621 US

FEI Number: 59-2922470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TISCHER, GENE J.

LOLLEY, BOBBY

1331 F LAFAYETTE ST.

1331 F LAFAYETT

1331 E LAFAYETTE ST 1331 E LAFAYETTE ST STE C STE C

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BOBBY LOLLEY 03/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition Name: BLANCHARD, CATHY Name: CORBIN, TERESA

Address: 417C RACETRACK ROAD Address: 9143 PHILLIPS HIGHWAY #195
City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete Title: VP (X) Change () Addition

Name: LOLLEY, BOBBY Name: SANTANGELO, TERRI

Address: 2489 ARVAH BRANCH BLVD Address: 3201 WEST COMMERCIAL BLVD. #220

City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: FT. LAUDERDALE, FL 33309

Title: V () Delete Title: T (X) Change () Addition Name: CCRBIN, TERESA Name: CLARIZIO, ANTHONY

Address: 173 HAWTHORNE HEDGE LANE Address: 580 WEST 8TH STREET #9009
City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete Title: S (X) Change () Addition

 Name:
 BURKE, GLENDA
 Name:
 BURKE, GLENDA

 Address:
 1359 CAPRI DR
 Address:
 1359 CAPRI DR

 City-St-Zip:
 PANAMA CITY, FL
 32405
 City-St-Zip:
 PANAMA CITY, FL
 32405

Title: D () Delete Title: D (X) Change () Addition

Name: MCKINNEY, ALICE Name: MCKINNEY, ALISE

Address: 4475 751 SOUTH SUITE 705 Address: 4863 PALM COAST PARKWAY, NW, #3

City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: PALM COAST, FL 32137

Title: D () Delete Title: D (X) Change () Addition

Name: FOX, JOSE Name: FOX, JOSE

Address: 6255 NW 87TH AVE., #300/400 Address: 5255 NW 87TH AVE #400
City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA CORBIN P 03/26/2009